



DIGHTON POLICE DEPARTMENT
Office of Animal Control
1458 Somerset Ave.
Dighton, MA 02715
Phone: 508.669.6711



Animal Surrender Form

Owner's Information:

Name: _____
Street Address: _____ City: _____ State: _____
Zip Code: _____ Phone: () _____ Date of Birth: _____
Email: _____

Animal's Information:

Name: _____ Breed: _____ Sex: M _____ F _____
Age: _____ Spayed _____ Neutered _____ Not Altered _____
Why are you surrendering this dog? _____

Where did you get this animal? _____
Is this animal micro chipped? Yes _____ No _____

Policy Statement

I _____, being owner of _____, being a
(owner) (name of animal)

(description of animal, color, age, weight, etc.)

hereby voluntarily relinquish all claims and ownership of said animal to **Dighton Animal Control** and members thereof. I cannot reclaim this animal once the animal is in possession of **Dighton Animal Control** and understand that this animal will be spayed or neutered, if needed. If the animal is registered with papers, I agree to give up the official registration papers and all medical records available. Neither **Dighton Animal Control**, nor members thereof, shall be held responsible for actions of the adoptive or foster family and/or animal. I certify that this animal is not vicious and has never shown signs of aggression towards human beings.

Signature: _____ Date: _____
Printed Name: _____
State Driver's License #: _____
Dighton Animal Control Officer: _____